

RE
DEPARTAMENTO DE UNIVERSIA

**District of Columbia Department of Health
RFA Terms and Conditions**

v06.2015

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total

FY 2016 Teen Pregnancy Prevention RFA CONTENTS

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CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Funding and affixed it to the front of the Application Package.
- The *complete* **Application Package**, includes the following:
 - DOH Application for Funding
 - Project Narrative
 - Project Work Plan
 - Project Budget & Justification
 - Package of Assurances and Certification Documents
 - Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization.
- The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain DUNS number if needed.
- The Project Narrative is printed on **8½ x 11-inch paper, double-spaced**, on one-sided, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application proposal format conforms to the “Application Elements” listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The Proposed Work Plan is complete and complies with the forms and format provided in the RFA
- The Applicant is submitting one (1) marked original and (3) hard copy.
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than 4:30 p.m., on the deadline date of **Friday, October 16, 2015.**

I. GENERAL INFORMATION

A. Key Dates

- Notice of Funding Announcement: **Friday, August 28, 2015**
- Request for Application Release Date: **Friday, September 18, 2015**
- Pre-Application Meeting Date: **Friday, September 25, 2015, 1pm**
- Application Submission Deadline: **Friday, October 16, 2015 by 4:30pm**
- Anticipated Award Start Date: **Thursday, November 1, 2015**

B. Overview

In 2015, the District of Columbia Department of Health (DOH), Community Health Administration (CHA), Child, Adolescent and School Health (CASH) Bureau received funding made available under the District of Columbia Fiscal Year 2016 Budget Support Act of 2015 to support teen pregnancy prevention initiatives.

CHA, in collaboration with District public and public charter schools, healthcare providers, and community-based partner organizations, has created a network of programs designed to coordinate and deliver school-based health services. These programs include the School Health Nursing Program, School Based Health Centers, the Health and Sexuality Education (HSE) Program, and other programs. Additionally, CHA supports teen pregnancy prevention through providing administrative oversight for two locally-funded teen pregnancy prevention initiatives (Crittenton Services SNEAKERS and PEARLS Program and the DC Campaign to Prevent Teen Pregnancy). The HSE Program provides age-appropriate sexual health education to youth in DC public and public charter schools, aiming to empower youth to make healthy lifestyle decisions, including pregnancy prevention. The HSE program also coordinates with the HIV/AIDS, Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Administration (HAHSTA) to provide condoms for the school nurse suites.

Within CHA, the CASH Bureau also monitors School-Based Health Centers (SBHCs), comprehensive primary care clinics located within schools. SBHCs bring primary preventive and urgent care to the local school setting, thus reducing barriers for teens to access health services. Each SBHC offers medical, oral, social and mental health services to enrolled students, and children of enrolled students during the school day. SBHCs offer physical exams, sexually transmitted infection (STI) counseling and testing, pregnancy testing, contraceptive management, mental health screening and referral, and health promotion education sessions. SBHC staff also provide individual and group health education and promotion. DOH provides oversight for six SBHC sites located within District of Columbia Public School (DCPS) senior high schools: Anacostia, Ballou, Cardozo Learning Center, Coolidge, Dunbar and Woodson.

DOH is soliciting applications to develop and implement programs to increase the availability of adolescent friendly health services, create community-clinical linkages for adolescent health services, and increase the use of long acting reversible contraceptives among adolescents.

C. Performance and Funding Period

The anticipated performance and funding period is **November 1, 2015 through September 30, 2016**.

DOH anticipates availability of a maximum of \$800,000 to fund up to five (5) awards in FY 2016. Annual awards may be up to \$200,000 per year in total costs (direct and administrative costs).

Proposed budgets cannot exceed the allowable amount \$200,000. Annual continuation of awards for up to five years will depend upon the availability of funds and grantee performance (progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award).

D. Eligible Organizations/Entities

Organizations and entities that are eligible to apply for funding under this announcement include not-for-profit, public and private organizations located and licensed to conduct business within the District of Columbia. Eligible applicants must have demonstrated experience providing adolescent primary or sexual/reproductive health services for populations at high risk for teen pregnancy.

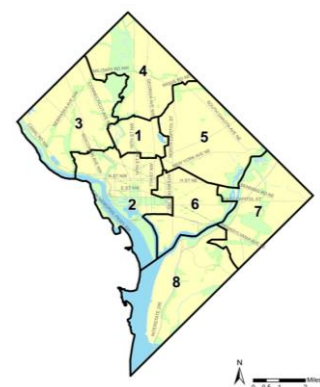
II. BACKGROUND & PURPOSE

A. Background

1. District of Columbia

According to the 2010 Census, the District of Columbia's population is 601,723 residents. Approximately 102,293 children and adolescents under the age of 18 are included in that number, representing 17% of the District's population. In total, the District experienced a 5.2% increase in population over the 572,059 residents recorded in the 2000 Census.

The District is geographically divided into four quadrants: Northeast, Northwest, Southeast, and Southwest). The eight electoral wards and the residents in each ward reflect an increasingly diverse population, particularly in terms of socioeconomic status and ethnicity.



The Northwest quadrant of the District includes Wards 1 and 4, both of which are home to a substantial number of Hispanic residents. The Northeast quadrant's Wards 5 and 6 residents are predominately middle-class African Americans. While 96% of the residents in Wards 7 and 8 are also African American, the residents of the Southeast quadrant earn lower incomes, have higher poverty rates, and experience higher rates of unemployment than their counterparts in the District's other five wards. (Tables 1 and 2)

S (BY WARD)

						Race and Ethnicity 2010		Household Total # 2010	% Children in Population 2010 ²
						Hispanic	Asian/PI		
						2	5	31,309	12
						5	10	34,811	5.8
						5	8.2	36,040	13
						9	2	29,029	20
						3	1.7	29,340	17
						8	5	34,449	13
						3	.2	29,838	25
8	70,712	\$ 44,550	94	3.3	1.8	.5		25,827	30
DC	601,723	\$92,959	51	38	9	4		n/a	

TABLE 2: D.C. SOCIO-ECONOMIC INDICATORS (BY WARD)

Ward	% Population 16+ Employed 2010	% Population Unemployed 2010	% Population without HS Diploma 2005-2009 ³	% Population in Poverty 2010	% Children in Poverty 2010	# of people receiving Food Stamps 2010	# of People receiving TANF 2010
1	71.4	5	19	13	23	9,807	3,174
2	65.4	3	8.1	4.5	18	3,617	917
3	66.3	3	3.4	2.1	3.1	412	47
4	60.3	6	17	7.0	12	12,644	3,965
5	54	9	19	15	29	18,074	

and costs to taxpayers⁴.

According to the 2013 Youth Risk Behavior Survey, 36.6 % of high school students were sexually active. In that same survey, 53.5% of high school students and 18.5% of middle school students reported that they ever had sexual intercourse. In 2012, the teen pregnancy rate was 49.4 pregnancies per 1,000 women aged 15-19 years, which was higher than the teen birth rate in that year (38.5 births per 1,000)⁵. Although the overall rate of births to mothers aged 15-19 has decreased in the District, disparities persist between races and Wards. In 2012, the highest teen births were in Ward 8 followed by Ward 7, 5 and 4. Wards 2 and 3 had the lowest number of teen births. Predominantly black Wards 7 and 8 had significantly higher teen births than other Wards.

Table 3: Number of Reported Teen Pregnancies: District of Columbia, 2008-2012⁵

Age of Women	Reported Pregnancies				
	2008	2009	2010	2011	2012
Total	10,630	10,889	11,133	11,291	11,285
Under 15 years	39	40	35	39	21
15-19 years	1,306	1,281	1,238	1,119	1,013

Source: Data management and Analysis Division, Center for Policy, Planning, and Evaluation, DC Department of Health.

Table 4: Teen Births 15-19 by Ward: District of Columbia 2012⁵

Ward	Number
1	59
2	14
3	3
4	77
5	113
6	67
7	192
8	265
Total	790

⁴ “Reproductive Health: Teen Pregnancy”. 2015. Centers for Disease Control and Prevention, May 19, 2015.
<http://www.cdc.gov/teenpregnancy/about/index.htm>

⁵Roundtree, M., Roy, N., Samala, R., Siaway, G. (2014). Reported Pregnancies And Pregnancy Rates In The District Of Columbia. Department of Health, Center for Policy, Planning, and Evaluation, State Center For Health Statistics. Retrieved from: [http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20\(9%2025%2014\).pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20(9%2025%2014).pdf)

B. Purpose

DOH seeks to improve life opportunities of District adolescents facing significant health disparities, through soliciting applications from qualified entities to implement teen pregnancy prevention initiatives. Qualified applicants will develop and implement programs to increase the availability and use of adolescent friendly health services, create community-clinical linkages for adolescent health services, and increase the use of long acting reversible contraceptives (LARCs) among adolescents.

Applicants may address one or multiple performance areas in a single application; however, the application must clearly specify the plans, outcomes, and budget for each performance area. Where appropriate, the program shall incorporate components that reflect principles of the Life Course Health Development (LCHD) approach.

III. ADMINISTRATIVE REQUIREMENTS

A. Award Uses

The award under this RFA will be used exclusively to pay costs associated with the implementation of the award. Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.

B. Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Award (NOA) will be required to:

- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre-award negotiations with assigned DOH project and grants management personnel.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of an award agreement and Notice of Award issued by the Director of the Department of Health and accepted by the awardee organization. The award agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by District agreements.
- Develop a sustainability plan for the proposed initiative

performance reports are subject to review and oversight by the DOH Office of Grants Management.

IV. PERFORMANCE REQUIREMENTS

A. PERFORMANCE AREAS

1. Adolescent-Friendly Health Services

Access to and utilization of preventive services is a critical component of maintaining good health across the lifespan. A recent study published in *Pediatrics* finds that adverse adult health conditions were 13 to 52 percent higher among those who reported unmet health needs as adolescents, versus those who did not but were otherwise comparable.⁶ The study's authors posited the discrepancy may be attributed to teenagers who do not take care of their health following the same habits as adults.⁷

The District has made significant investments to expand pregnancy prevention programs, however, there has not been a great focus on encouraging the appropriate utilization of preventive services. In the District of Columbia, approximately 89% of youth ages 0-17 received one or more preventive medical visits in the past year.⁸ The World Health Organization recognizes adolescent friendly health services as a key strategy to reduce death and disease among adolescents and reduce disease burden later in life. Adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient.⁹ Many surveys of adolescents reveal their views about what they want from health services; which includes a welcoming facility where they can 'drop in' and be attended to quickly, privacy and confidentiality without the need for parental permission to attend, a convenient place at a convenient time that is free or affordable, availability of a range of services without the need to come back or be referred elsewhere, and staff who treat them with respect and without judgment.¹⁰

Implementation of adolescent-friendly strategies may require staff training to ensure adolescents receive clear information about their rights to confidentiality and to consent to treatment. Provider staff should also be trained to recognize personal biases against adolescent sexual activity in order to better relate to adolescents with respect. Various uses of technology have also proven effective in making health services more adolescent friendly. For example, providers may collect cell phone or pager numbers and/or private email contact information because adolescent patients may be more quickly and reliably reached through text messaging, paging, or e-mail than through more traditional

⁶ Gillespie, L. (2015, August 27). Bad Health Outcomes for Adults Who Don't Get Help As Teens. Retrieved from <http://khn.org/news/bad-health-outcomes-for-adults-who-dont-get-help-as-teens/>

⁷ *Id.*

⁸ National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 09/15/15 from www.childhealthdata.org.

⁹ McIntyre, P. (October 2002). Adolescent Friendly Health Services- An Agenda for Change. Retrieved 09/14/15 from http://apps.who.int/iris/bitstream/10665/67923/1/WHO_FCH_CAH_02.14.pdf

¹⁰ *Id.*

methods.¹¹ Use of smartphones, tablets, and other devices can also improve physician assessment and counseling for health risk behaviors and adolescent perceptions of their preventive health visits. For example, the Healthy Teens Project, which was implemented in five primary care practices in New England, created a screening tool adapted from the Guidelines for Adolescent Preventive Services which was administered using personal digital assistants (PDAs). The screening results were reviewed by the patient's physician prior to the preventive health visit.¹² With a clear summary of the issues that needed to be addressed and the adolescent's motivation to change, more discussion occurred for 3 of 5 health risks.¹³ In addition, adolescents who had PDA-enhanced visits viewed interactions more positively than did adolescents seen before the adoption of the Healthy Teens Project.¹⁴

Thus, funding under this performance area shall be used to implement strategies to encourage a more adolescent friendly clinic environment, with an emphasis toward empowering adolescents to adopt responsible sexual behaviors.

PRIORITY STRATEGIES

Applicants are encouraged to use a multi-pronged strategy to implement adolescent-friendly health services for purposes of increasing appropriate healthcare service utilization among teens. Proposed strategies may include use of technology and social media, training staff to work competently and sensitively with adolescents, integration of peer counselors or educators into the program model, and other interventions that otherwise encourage the appropriate use of healthcare services among teens. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable - for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

PRIORITY POPULATIONS

- Reproductive age males and females under age 20

PRIORITY SETTINGS

- Primary care settings; including FQHCs, FQHC look-alikes, or school-based health centers, located in or serving Wards 7 and 8, or where a demonstrated need is shown

2. COMMUNITY CLINICAL LINKAGES FOR ADOLESCENT HEALTH

Creating community-clinical linkages play a vital role in increasing access to contraceptive and reproductive health care for adolescents. Widening the circle of support creates a network of care that

¹¹ Best Practices for Youth Friendly Clinical Services (Advocates for Youth). Retrieved 9/15/15 from <http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>

¹² Olson, A., Gaffney, C., Hedberg, V., Gladstone, G., Use of Inexpensive Technology to Enhance Adolescent Health Screening and Counseling. *Arch Pediatr Adolesc Med.* 2009; 163 (2): 172-177. Retrieved 09/14/15 from http://cancer.dartmouth.edu/documents/pdf/technology_screening.pdf

¹³ *Id.*

¹⁴ *Id.*

adolescents can rely upon for sexual health services.¹⁵ Community-clinical linkages can also allow school systems to establish partnerships with providers from various health and social service organizations within the community to deliver a continuum of health care services and support that are not available on school grounds; such as transportation, convenient hours, affordable cost, cultural competence for the needs of teens and confidentiality.

In 2010, the US Department of Health and Human Services' Office of Adolescent Health and the Center for Disease Control partnered to provide funding for nine state and community based organizations to support community wide initiatives to reduce teen pregnancy and birth rates.¹⁶ Increasing linkages between teen pregnancy prevention programs and community-based clinical services were included as one of the community wide initiatives goals. For example, one of the grantees, the Bronx Teen Connection (BxTC) program of the New York City Department of Health and Mental Hygiene used the Clinic Linkage Model.¹⁷ Linkages were formed between clinics and schools or organizations that serve youth, connecting youth to high quality clinical sexual health services through clinic tours and trained health educators from the clinics. Partners were able to adopt a strategy that best fit their resources and capacity. BxTC tracked linkage efforts by health educators, evaluated changes in teens' knowledge about reproductive health, and attained feedback on clinic tours. The Bronx Teen Connection programs successes included: partnering with 21 high schools and 10 organizations that serve youth while linking each with one of 7 community-based clinics or 4 school-based health centers and teens seen by 7 partnering clinics increased an average of 21% from 2011 to 2012. Creating community-clinical linkages in target communities for adolescent health is a promising strategy to decrease teen pregnancy rates in the District.

Another example is the Massachusetts Alliance On Teen Pregnancy "Youth First" teen pregnancy prevention initiative in Holyoke and Springfield, Massachusetts funded by the Centers for Disease Control. Youth First has a goal of reducing teen pregnancy in both Holyoke and Springfield, Massachusetts by 10% over a 5 year period, 2010-2015.¹⁸ In 2010 Holyoke had the highest teen birth rate in the state of Massachusetts while Springfield was ranked 3rd. A primary goal of the initiative is to increase community linkages to increase youth access to reproductive health services. During 2010-2013, achievements included serving over 14,000 youth by youth first partner clinics, initiating a collective impact process to mobilize Springfield and Holyoke stakeholders, and developing a community of support for youth by creating formalized linkages and a referral network between

¹⁵ Gaston, B., Wisby, C. (2011). CDC Teen Pregnancy Prevention Project: Integrating Services, Programs, and Strategies through Community-wide Initiatives Clinical Component. Cicatelli Associates. Retrieved from: <http://www.cicatelli.org/tpp/files/LinkagesRetentionAndSupportFinal.pdf>

¹⁶ TPP Resource Center, Office of Adolescent Health (2015). Teen Pregnancy Prevention Communitywide Initiative. Retrieved from: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/about/communitywide.html

¹⁷Public Health Practice Stories From the Field. (2014). Bronx Teens Connection's Clinic Linkage Model Connecting Young People with Clinical Sexual and Reproductive Health Services. Retrieved from: http://www.cdc.gov/stltpublichealth/phpracticestories/pdfs/PHPSFF_BronxTeen_July2014.pdf

¹⁸ (2013) Youth First A Community-Wide Teen Pregnancy Prevention Initiative in Springfield and Holyoke, Massachusetts. Retrieved from: <http://www.massteenpregnancy.org/sites/default/files/providers/youthfirst-fact-sheet-1-23-14.pdf>

providers.¹⁹ By 2012, Holyoke had the largest decrease in teen birth rates of any city in Massachusetts with a decline of 32%. In addition, Springfield's rate dropped by 14%.

PRIORITY STRATEGIES

Applicants are encouraged to use strategies that encourage increasing linkages between community-based clinical services and teen pregnancy prevention or other youth-serving programs. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

PRIORITY POPULATIONS

- Reproductive age males and females under age 20

PRIORITY SETTINGS

- Primary care settings; including FQHCs, FQHC look-alikes, or school-based health centers, located in or serving Wards 7 and 8, or where a demonstrated need is shown
- Community-based organizations/community centers located in or serving Wards 5, 7 or 8

3. LARC UTILIZATION AMONG TEENS

The teenage pregnancy rate in DC was 49.4 pregnancies per 1,000 women aged 15-19 years in 2012.²⁰ There has been a decrease of 9.4 percent for teen pregnancy in the District from 2011-2012.²¹ An analysis by the Guttmacher Institute found that increasing use of contraception among adolescents accounted for an 86% decrease in U.S. teen pregnancies from 1995 to 2002. Among contraceptive options, Long-Acting Reversible Contraception (LARC), intrauterine devices (IUDs), and implants are among the safest and most effective methods at preventing pregnancy, with pregnancy rates of less than 1% annually for perfect and typical use. Short-acting contraceptives (condoms, oral contraceptives, patch, the vaginal ring, and depot injections) are more popular among adolescents, however, these have higher discontinuation and pregnancy rates compared with LARCs. National physician and public health organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and the Centers for Disease Control recommend LARCs as a first line of contraceptive choice for

¹⁹ (2014). Massachusetts Alliance On Teen Pregnancy, Youth First, A Community-Wide Teen Pregnancy Prevention Initiative In Holyoke and Springfield (PowerPoint Slides). Retrieved from: <http://www.massteenpregnancy.org/sites/default/files/What%20We%20Do//Youth%20First%20Overview%20for%20CDC%20Site%20Visit%209%209%2014%20small.pdf>

²⁰ Roundtree, M., Roy, N., Samala, R., Siaway, G. (2014). Reported Pregnancies And Pregnancy Rates In The District Of Columbia. Department of Health, Center for Policy, Planning, and Evaluation, State Center For Health Statistics. Retrieved from: [http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20\(9%2025%2014\).pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Reported%20Pregnancy%20Rates%20in%20DC%202008-2012%20Final%20(9%2025%2014).pdf)

²¹ Department of Health, Community Health Administration. (2015). Best Practice Approaches to Increase Long-Acting Reversible Contraception (LARC) Use Among Teens

adolescents and a key strategy to reducing teen pregnancies. LARC methods offer adolescents many advantages in preventing pregnancy, including little ongoing maintenance, high satisfaction rates, and long term protection (up to ten years with the copper IUD). Researchers at Washington, University in St. Louis, Missouri, are conducting a program, the Contraceptive CHOICE Project which showed promising results after evaluation. The project aims to remove financial barriers to LARC and increase acceptance and use of LARCS to reduce teen pregnancy and repeat abortions. Among teens that participated in the study, 72 percent chose a LARC method as their contraceptive. As a result, pregnancy, birth and abortion rates were significantly lower than national rates among all U.S. teens, particularly when compared with sexually experienced U.S. teens.

One barrier to teens utilizing LARCS is the high cost associated with using the devices. As a result, teens may opt for low cost options such as condoms or birth control. A solution is to provide LARCS at no cost to the client. Medicaid reimbursement for LARC is a recommended policy strategy from the Centers for Disease Control (CDC) for teen pregnancy prevention²². One of CDC's key highlights for 2014 included supporting Medicaid reimbursement for immediate postpartum insertion of LARCS to prevent repeat unintended teen pregnancies. Medicaid in DC currently provides reimbursement for LARCs. Increasing the utilization of LARC among teens is an effective strategy to decrease teen pregnancy in the District of Columbia.

PRIORITY STRATEGIES

Applicants are encouraged to use a multi-pronged strategy to increase LARC use among teens. Proposed strategies may include provider education/training around Tier 1 contraceptive methods for adolescents, training regarding Medicaid reimbursement practices for LARC, standing orders for LARC at birthing facilities for secondary teen pregnancy prevention, or orders/decision support prompts in electronic health records at adolescent health visits (either preventive visits or postpartum visits). Additional strategies may include social media or outreach to increase adolescent demand for LARC. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

PRIORITY POPULATIONS

- Reproductive age females under age 20, including mothers

PRIORITY SETTINGS

- Inpatient or outpatient clinical settings, including FQHCs, FQHC look-alikes, and birthing facilities serving Wards 7 and 8

V. APPLICATION SECTIONS

²² Center for Disease Control (2015). Winnable Battles 2010-2015 Progress Report, Teen Pregnancy. Retrieved from: <http://www.cdc.gov/winnablebattles/targets/pdf/teenpregnancy-winnablebattles-progressreport.pdf>

1. Background and Need

Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population.

2. Organizational Capacity

- Describe experience in serving the target population(s).
- Describe past experience implementing interventions to make health services more adolescent friendly, enabling community-clinical linkages for adolescent services, and/or making long acting reversible contraceptive (LARC) use more accessible in adult or adolescent women.
- Describe existing and additional required staff (if any), qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe how funding will support strategies that align with the goals of the initiative.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe the agency's experience with Plan-Do-Study-Act (PDSA) or other quality improvement activities.
- Describe sustainability for continuation of the initiative; including additional sources of funding the program will pursue.

3. Partnerships, Linkages, and Referrals

- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Provide letters of commitment and evidence of connections with other agencies and organizations pertinent to the accomplishment of the selected outcome measures.
- Explain the process for tracking linkages and their outcomes, and how collecting and reporting data on referrals.

4. Implementation Narrative and Work Plan

- Describe selected strategies/interventions and how they will be implemented to achieve program goals, objectives and outcome measures.
- Outline the reasoning for selecting the proposed objectives and activities, including an assessment of the current needs and assets in the community and indicate plans for sustainability and leveraging resources. Describe how objectives will maximize public health impact of Teen Pregnancy Prevention funding (as measured by strength of proposed strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced or healthy equity achieved, or contribution to innovation of viable new approaches).

- Include a Work Plan that includes all of the elements found in the work plan example provided in Appendix B. The work plan should propose Process and Outcome Objectives; identify selected activities; describe key milestones/indicators, and timelines; estimate reach, identify lead individuals or organizations, and data sources for performance monitoring. Objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed). [Include your Work Plan as Attachment A.]
- Describe plans for collecting data on the selected outcome measures cited in the work plan.
- Describe how lessons learned will be captured and disseminated.

5. Evaluation Plan

- Describe how the evaluation will be conducted, which should include evaluation questions and evaluation design.
- Articulate the proposed evaluation methods, measurement, data collection, sample and sampling (if appropriate) and analysis.
- Your Evaluation Plan must include both process and outcome evaluation components.
- Include a logic model that demonstrates the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve.
- Demonstrate evidence of organizational experience and capability to coordinate, support planning, and implementation of a comprehensive evaluation of a program.

6. Budget Justification and Narrative

Include the budget justification and narrative as separate attachments, not to be counted in the narrative page limit. The line item budget justification and narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the work plan, and training requirements.

VI. EVALUATION CRITERIA

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

1. Background and Need (10 Points)

- Does the application demonstrate a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program interventions?
- Does the application demonstrate current capacity to perform the work of the RFA as described in the application submitted, including past successes in improving health outcomes?

2. Organizational Capacity (30 Points)

- Does the application demonstrate experience in serving the target population(s), including at least two (2) years' experience providing services to adolescents and/or

reproductive age teen women between the ages of 15-19 years of age? Does the applicant emphasize past experiences within the District of Columbia, family-centered and strength-based service provision; experience in providing services to culturally diverse communities/families; and experience in LCHD approaches (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)?

- Does the application demonstrate that proposed staff or key persons and recruitment and training plans are consistent with the applicant's ability to carry out proposed activities?
- Does the application demonstrate how funding will align to provide adequate resources to accomplish the goals of the initiative?
- Does the application demonstrate adequate fiscal management plans and reporting systems to comply with the reporting requirements?
- Has the applicant provided a strong sustainability plan which identifies additional sources of funding to leverage and the ability to capture and report that information?

3. Partnerships, Linkages, and Referrals (10 Points)

- Does the application demonstrate the applicant's experience and past success collaborating with other organizations (in multiple sectors such as public health, health care delivery, education, transportation, etc.) to make health services more adolescent friendly, enabling community-clinical linkages for adolescent services, and/or making long acting reversible contraceptive (LARC) use more accessible in adult or adolescent women?
- Does the application demonstrate how organization activities support the applicant's ability to carry out activities under this program?
- Does the application demonstrate partnership and linkages support the applicant's ability to implement the described program?
- Are appropriate letters of support included, clearly outlining a commitment to proposed activities?

4. Implementation Narrative & Work Plan (35 points)

- Does the implementation plan include an annual work plan; to include a chronological list and description of activities to be performed, the responsible person and target dates for completion, and anticipated outcomes?
- Does the applicant's proposed plan present a cohesive set of strategies/activities?

- age appropriate strategies?
- Does the applicant provide estimated population reach for selected outcomes and objectives?
- Demonstrate that the proposed plan provides a foundation for sustainability efforts.
- Are outcome objectives SMART and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives?

5. Evaluation Plan (15 points)

- Does the applicant's evaluation plan demonstrate how the proposed intervention will be evaluated from both a process and an outcome perspective?
- Does the applicant's proposal identifies methods for conducting process evaluations related to the objectives and how the organization will use this information to make changes in the proposed intervention?
- Does the proposed evaluation design appropriately address the question or questions of interest?
- Does the project plan include sufficient resources to effectively carry out the proposed evaluation?
- Did the applicant submit a well-conceived logic model?

6. Budget and Budget Narrative (Reviewed, but not scored)

- Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?

VII. APPLICATION SUBMISSION

1. Application Package

A complete Application Package shall contain the following:

- **A DOH Application for Funding**
- **Project Narrative (See Section VI F - Application Elements)**
- **Attachments (See Application VI F – Application Elements)**
- **Assurance & Certification Packet (See Section VII E – Assurances)**

2. Application Elements - Project Narrative & Attachments

- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Implementation Plan
- Attachments
- Work Plan (Attachment - Required Template)

- Budget (Attachment - Required Template – Not Scored)
- Letters of Support
- Position Descriptions (if applicable)

3. Pre-Application Conference

A Pre-Application Conference will be held on **Friday, September 25, 2015**, from 1:00 p.m. to 3:00 p.m. The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

The Pre-Application conference will be held at the **Department of Health, 899 North Capitol Street, NE, 3rd Floor Conference Room 306, Washington, DC 20002.**

4. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia Department of Health and Office of Partnerships and Grants Services with the information listed below, by contacting Kristal Dail via email, kristal.dail@dc.gov. Please place "**RFA Contact Information**" in the subject box.

Name of Organization
Key Contact
Mailing Address
Telephone and Fax Number E-mail Address

This information shall be used to provide updates and any addenda to the RFA.

5. Assurances & Certifications

DOH requires all applicants to submit various certifications, licenses, and assurances to help ensure all potential awardees are operating with proper D.C. licenses. The complete compilation of the requested documents is referred to as the **Assurances Package**.

The Assurances Package must be submitted along with the application. Only ONE Assurances Package is required per submission.

Assurances and certifications are of two types: those required to submit the application and those required to sign grant agreements. Failure to submit the required assurance package will make the application ineligible for funding consideration (required to submit applications) or in-eligible to sign/execute grant agreements (required to sign grant agreements).

A. Assurances Required to Submit Applications (Pre-Application Assurances)

Signed Assurances and Certifications

- a. DOH statement of Certification
- b. Federal Assurances
- c. Certifications
- Current Certification of Clean Hands from the Office of Tax and Revenue
- 501 (c) 3 Certification or Articles of Incorporation
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

B. Assurances required for signing grant agreements for funds awarded through this RFA (Post Award Assurances)

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by _____
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements
- Other specialized licenses, etc. required by federal and District laws to conduct business this RFA supports.

Failure to submit the required assurance package may result in the application being either ineligible for funding consideration or in-eligible to sign/execute award agreements.

6. Format

Applicants should prepare the application in accordance with the following guidelines:

- Font size: Times New Roman or Arial 12-point unrounded
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches
- Page margins: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way.
- Page limit: 80 pages including all attachments

7. Submission

Submit **four (4) hard copies** (one marked "Original" and three additional copies) and **one (1) electronic copy via a flash drive** to the Community Health Administration (CHA) **on or before 4:30 pm on Friday, October 16, 2015.** Applications delivered after the deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health
Community Health Administration
3rd Floor Conference Room
899 North Capitol Street NE
Washington DC 20002

8. Contact Information

Grants Management

Bryan Cheseman
Office of Grants Monitoring & Program Evaluation
DC Department of Health
Community Health Administration
Government of the District of Columbia
899 North Capitol Street, N.E., 3rd Floor, Washington, DC 20002
Email: bryan.cheseman@dc.gov

Program Contact

Kristal Dail, MPH
Nutrition Program Specialist
District of Columbia Department of Health (DOH)
Community Health Administration (CHA)
Grants Monitoring and Program Evaluation
899 North Capitol Street, NE, 3rd Floor. Washington, DC 20002
202-442-9381 (Direct)
Email: kristal.dail@dc.gov

VIII. APPLICATION REVIEW & SELECTION INFORMATION

- Applications shall be reviewed by an external review panel made up of technical and subject matter experts for the expressed purpose of providing an independent, objective review of applications. This external review panel shall be responsible for providing a score and technical review comments for record.
- Assurance and certification documents will be reviewed by internal DOH personnel assigned to ascertain whether eligibility and certification requirements have been met prior to consideration of review and recommendation of award.
- Applications, external review scores and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for award. The panel may be composed of DOH staff and consultants who shall be responsible for making recommendations for award, and include recommendations for

funding levels, service scopes and targets, project designs, evaluation plans and budgets.

- In the review phase, applicants may be asked to answer questions or to clarify issues raised during the technical review process. No external review panel member will contact the applicant.
- DOH may request an in-person presentation to answer questions or clarify issues raised during the review process.
- Applicants approved for pre-award review will receive a Notice of Intent to Fund. The notice will outline pre-award requirements and propose any revisions and conditions of awards.
- Successful applicants will receive a Notice of Award (NOA) from the Department of Health. The NOA shall be the only binding, authorizing document between the recipient and DOH. The NOA will be signed by an authorized Grant Management Officer and e-mailed to the program director. A hard copy of the NOA will be mailed to the recipient fiscal officer identified in the application.

REVIEW AND SCORING OF APPLICATION

Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

External Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

Internal Review

DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations.

Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

IX. APPENDICES

1. Appendix A: Definitions

For purposes of this RFA, the following terms shall have the meanings ascribed below:

Implementation Plan - Plan that describes the process and resources needed to carry out a program. The plan contains brief description of the major tasks involved in carrying out the program; and, the overall resources needed to support the program effort (such as hardware, software, facilities, materials, frameworks and personnel)

LARC-Long-acting reversible contraceptives (LARC) are methods of birth control that provide effective contraception for an extended period without requiring user action. They include injections, intrauterine devices (IUDs) and sub-dermal implants.

Program Staff - All the people employed by a particular organization to carry out a program. Also included in the term Program Staff is DOH administrative staff and sub-contracted direct service staff.

2. Appendix B: Work Plan Template

Applicant Organization:
Contact Person:
Telephone:
Email Address:
Estimated Reach:

DOH RFA#
RFA Title:
Project Title:
Total Request \$:
Cost Per Participant:

CHA_TPP091815

PROPOSED WORK PLAN

GOAL 1: Insert in this space one proposed project goal. *Proceed to outline administrative and project objectives, activities and targeted dates in the spaces b*

Measurable Objectives/Activities:

Objective #1.1:

Key Indicator(s):

Key Partner(s):

Key Activities Needed To Meet This Objective:

- 1.
- 2.
- 3.

Objective #1.2:

Key Indicator(s):

Key Partner(s):

Key Activities Needed To Meet This Objective:

- 1.
- 2.
- 3.

Continue with this format to outline additional goals and related process objectives

Scope of Work Written as outcome measures Specify deliverables Relate to program objectives/activities	
Method of Accountability (describe how the contract will be monitored)	
Budget	

D. Equipment

Total: \$

E. Supplies

Total: \$

Example: General office supplies (pens, paper, etc.) (Example: 18 months x \$300/year x 2 staff)

\$1,200.00

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the award.

F. Travel

Total: \$

Provide details and rationale for proposed in-state and out of state travel

G. Other

Total: \$

Provide details and rationale for any other items required to implement the award.

H. Total Direct Cost

Total: \$

Salary and Wages	\$
Fringe	\$
Contracts	\$
Equipment	\$
Supplies	\$
Travel	\$
Other	\$
TOTAL DIRECT	\$

4. Appendix E: Application for Funding

District of Columbia Department of Health Application for Funding

RFA #

CHA_TPP091815

RFA Title:

Release Date:

September 18, 2015

Due Date:

October 16, 2015

Proposal Description: 200 word limit

Name & Title of Authorized Representative

Date

F. Appendix F: Application Receipt



Application Receipt for **CHA-RFA# TPP091815**

The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.

The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to RFA# CHA TPP091815

The application package has been submitted by an authorized representative for the following organization:

(Applicant Organization Name)

(Address, City, State, Zip Code)

(Telephone)

(Fax)

(E-mail Address)

Submitted by: _____ (Contact
Name/Please Print Clearly)
(Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: _____
2. Amount Requested: _____
3. Program / Service Area for which funds are requested in the attached application: (*check one*)
[] Teen Pregnancy Prevention Program

District of Columbia Department of Health Use Only

ORIGINAL APPLICATION PACKAGE AND _____ (NO.) OF COPIES	Date Stamp
Received on this date: ____/____/ 2015	
Time Received: _____	
Received by: _____ Tracking # _____	

G. Appendix G: Assurances and Certifications



GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Statement of Certification for a DOH Notice of Award

- A. The Applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The Applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the awarding Agency, the Applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the award, or the ability to obtain them;
- I. That the Applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the Applicant has a satisfactory record of performing similar activities as detailed in the award or, if the award is intended to encourage the development and support of organizations without significant previous experience, that the awardee has otherwise established that it has

the skills and resources necessary to perform the award. In this connection, Agencies may report their experience with an awardee's performance to OPGS which shall collect such reports and make the same available on its intranet website.

- K. That the Applicant has a satisfactory record of integrity and business ethics;
- L. That the Applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the award, or the ability to obtain them;
- M. That the Applicant is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this award from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

Applicant Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Applicant IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Statement of Assurances to Comply with Federal Assurances

The Awardee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Award -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Awardee assures and certifies that:

1. It possesses legal authority to apply for the award; that a resolution, motion or similar action has been duly adopted or passed as an official act of The awardee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Awardee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the Awardee.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or award, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Awardee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
 - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C. 201 et seq.)

- c) The Clean Air Act (awards over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC chap. 85 et seq.
- d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et seq.)
- e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
- f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
- g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
- h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
- i) Executive Order 12459 (Debarment, Suspension and Exclusion)
- j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
- p) Federal Funding

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

Applicant Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Applicant IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Certifications Regarding
Lobbying, Debarment and Suspension, Other Responsibility Matters, and
Requirements for a Drug- Free Workplace

Awardees should refer to the regulations cited below to determine the certification to which they are required to attest. Awardees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into an award agreement over \$100,000, as defined at 28 CFR Part 69, the Awardee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.
- (d) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (e) The undersigned shall require that the language of this certification be included in the award documents that awardees shall certify and disclose accordingly.

occurring in the workplace.

- (5) Making it a requirement that each employee to be engaged in the performance of the award be given a copy of the statement required by paragraph (a).
- (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the award, the employee would---
- (7) Abide by the terms of the statement; and
- (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for the Community Health Administration, 899 North Capitol Street NE, Room 3115, Washington, DC 20002. Notice shall include the identification number(s) of each effected awardee.
- (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted –
 - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (I), (c), (d), (e), and (1).

- (11) The Awardee may insert in the space provided below the sites) for the performance of work done in connection with the specific award:

Place of Performance (Street address, city, county, state, zip code) Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620

- (12) As a condition of the award, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the award; and

- (13) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any award activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002.

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

Applicant Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Applicant IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date